

OFFICIAL

State/Territory: Vermont

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☒ No limitations ☐ With limitations\*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise provided in the state plan.

☐ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐ With limitations\*

\*Description provided on attachment.

TN No. 91-12

Supersedes

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ITEM 1. INPATIENT HOSPITAL: no limitations

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OPTIONAL

ITEM 2.a. OUTPATIENT HOSPITAL SERVICES

Emergency Care

Use of the emergency room at any time is limited to instances of medical emergency. A medical emergency is an unforeseen event of a pathophysiological or a psychological nature which requires medical attention on an unscheduled basis and for which the physician concurs such to be an unforeseen occurrence of a medical problem or an unforeseen exacerbation of an existing medical problem. Events commonly construed to require emergency hospitalization or emergency ambulatory medical services include, but are not limited to:

- Repair of accidental injury.
- Diagnosis and relief of acute pain.
- Institution of treatment of acute infection.
- Protection of public health.
- Amelioration of illness, which if not immediately diagnosed and treated could lead to disability or death.

Rehabilitative Therapies

Outpatient therapy services, whether occupational therapy, physical therapy or speech pathology services, are limited to four months, after which prior authorization must be requested of and granted by the Medicaid Division for reimbursement to be made. Unless, the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, or experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable, authorization will not be granted for more than one year from the start of treatment.

Diagnostic Testing

Diagnostic testing is limited to those tests ordered by a physician for determining the nature and severity of an illness or medical condition. Tests unnecessary for establishing a diagnosis or the degree of severity are not covered. Administratively necessary or court ordered tests are not covered.

Psychiatric Partial Hospitalization

Psychiatric partial hospitalization is covered as a hospital service for those programs which have received and meet the conditions of a Certificate of Need for the Vermont Health Care Authority.

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ITEM 2.b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES  
FURNISHED BY A RURAL HEALTH CLINIC

Limitations on rural health clinics are:

- 1) no more than 5 visits (encounters) per month.
- 2) no more than 1 visit (encounter) per day.
- 3) any exceptions to the above by prior authorization only.

ITEM 2.c. LIMITATIONS ON FEDERALLY QUALIFIED HEALTH CENTERS ARE:

- 1) no more than 5 visits (encounters) per month.
  - 2) no more than 1 visit (encounter) per day.
  - 3) and exceptions to the above by prior authorization only.
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ITEM 3. Other Laboratory and X-ray Services: no limitations.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:      No limitations   X   With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:      No limitations   X   With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:      No limitations   X   With limitations\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:      No limitations   X   With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided:      No limitations   X   With limitations\*

\* Description provided on attachment.

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TN No. 93-5

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ITEM 4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older: Rehabilitation Center services provided in nursing facilities located outside Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year.

A review to determine the continued medical necessity of this care may be requested by the Medicaid Director or a designee during the one year period of coverage.

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ITEM 4.b. EPSDT for individuals under 21 years of age:

EPSDT services are provided to all Medicaid eligibles under age 21 in accordance with Sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act.

Coverage is provided for all medically necessary diagnosis and treatment services including the following services not otherwise provided under the State Plan:

- ◆ Private duty nursing (Item #8)
- ◆ Respiratory care (Item #22)
- ◆ Personal care in home (Item # 24f)

Christian Science nursing and Christian Science sanatoria services (Items #24b and #24c) are ~~not~~ currently available in Vermont.

Coverage and service limitations described in this State Plan do not apply to medically necessary EPSDT services, although some services may be subject to prior authorization requirements.

Personal care services, home visiting, and health education are provided as special EPSDT services when prior authorized by the Title V agency as part of the Healthy Babies Program.

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ITEM 4.c Family planning services and supplies for individuals of  
child-bearing age: provided, with limitations.

Reversals of sterilization are not covered.

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- ITEM 5.a. PHYSICIAN'S SERVICES WHETHER FURNISHED IN THE OFFICE, THE PATIENT'S HOME, A HOSPITAL, A NURSING FACILITY OR ELSEWHERE  
Physician services are limited in the following ways:
- A. Physician visits:
    - Office visits - up to five visits per month
    - Home visits - up to five visits per month
    - NF visits - up to one visit per week
    - Hospital visits - up to one admission visit per patient per diagnosis per month, and up to one visit per day for acute care.
  - B. Services requiring prior authorization:
    - 1) Visits in excess of those listed above,
    - 2) Concurrent care by more than one physician must be documented as being under a coordinated plan of treatment for multiple/complex problems,
    - 3) Certain reconstructive surgical procedures,
    - 4) New procedures of unproven value,
    - 5) Established procedures of questionable medical efficacy,
    - 6) Procedures which tend to be redundant when performed in combination with other procedures.
    - 7) Organ Transplants
  - C. Services which require special reporting under Federal regulations:
    - 1) Sterilization: signed consent within stipulated time frames on the approved HCFA Sterilization Consent Form required
    - 2) Hysterectomy: physician certification and patient signed consent required.
    - 3) Abortion: physician certification required.
  - D. No reimbursement will be made for the following services:
    - cosmetic surgery
    - ineffective or unproven procedures
    - unnecessary testing
    - experimental procedures
  - E. Psychotherapy services are limited to an annual \$500.00 limit unless the services are provided as inpatient or outpatient general hospital service, mental health clinic or home health related service. Extension beyond the limit require documentation of need and prior authorization.
- b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST  
See item 5a. Also, some dental services may require prior authorization.

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